

**NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF SOCIAL SERVICES  
LOW INCOME ENERGY ASSISTANCE (LIEAP) MAIL-OUT APPLICATION**

When complete, refold this form and put it in the enclosed envelope. This ADDRESS must show through window

DEAR

This is to notify you that you may apply for the Low Income Energy Assistance Program through the mail, if you have not moved. This will save you time and transportation costs. You may choose to take this form and apply in person at the county department of social services. If you have moved, you must apply in person.

**INSTRUCTIONS FOR APPLYING BY MAIL:**

- COMPLETE THE YES/NO QUESTIONS BELOW.
- READ THE RIGHTS AND RESPONSIBILITIES ENCLOSED
- SIGN YOUR NAME ON THE LINE BELOW. ENTER THE DATE AND PHONE NUMBER WHERE YOU CAN BE REACHED.
- MAIL THIS FORM TO THE COUNTY DEPARTMENT OF SOCIAL SERVICES BY THE DATE SHOWN BELOW. AN ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE.

**YES / NO QUESTIONS:**

- A. \_\_\_\_YES \_\_\_\_NO IS ANYONE IN YOUR HOUSEHOLD NOT A U.S. CITIZEN? WHO? \_\_\_\_\_
- B. \_\_\_\_YES \_\_\_\_NO HAS ANYONE MOVED INTO YOUR HOUSEHOLD SINCE SEPTEMBER 1, 1998?  
WHO? \_\_\_\_\_
- C. \_\_\_\_YES \_\_\_\_NO HAS ANYONE MOVED OUT OF YOUR HOUSEHOLD SINCE SEPTEMBER 1, 1998?  
WHO? \_\_\_\_\_
- D. \_\_\_\_YES \_\_\_\_NO HAS ANYONE'S INCOME IN YOUR HOUSEHOLD STOPPED SINCE SEPTEMBER 1, 1998?  
WHOSE? \_\_\_\_\_  
WHAT TYPE OF INCOME STOPPED? \_\_\_\_\_  
WHEN WAS THE LAST CHECK RECEIVED? \_\_\_\_\_
- E. \_\_\_\_YES \_\_\_\_NO HAS ANYONE IN YOUR HOUSEHOLD STARTED RECEIVING INCOME SINCE SEPT. 1, 1998?  
WHO? \_\_\_\_\_  
WHAT TYPE OF INCOME STARTED? \_\_\_\_\_
- F. \_\_\_\_YES \_\_\_\_NO HAVE YOU REPORTED THIS CHANGE TO YOUR FOOD STAMP CASE WORKER?
- G. HOW MANY PEOPLE ARE INCLUDED IN YOUR FOOD STAMP CASE? \_\_\_\_\_
- H. HOW MANY PEOPLE LIVE IN YOUR HOME? \_\_\_\_\_

THE COUNTY DEPARTMENT OF SOCIAL SERVICES MUST RECEIVE YOUR APPLICATION BY MAIL OR IN PERSON BY  
. IF YOU DO NOT HEAR FROM THE AGENCY WITHIN FIFTEEN (15)  
CALENDAR DAYS FROM THE DATE YOU MAIL THIS FORM, CONTACT THE AGENCY. ASK IF YOUR APPLICATION HAS  
BEEN RECEIVED. IF YOU ARE ELIGIBLE TO RECEIVE A CHECK, YOU SHOULD GET IT IN FEBRUARY.  
IF YOU HAVE AN QUESTIONS, PLEASE CALL THE COUNTY DEPARTMENT OF SOCIAL SERVICES AT

\_\_\_\_\_  
SIGNATURE OF APPLICANT/REPRESENTATIVE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
TELEPHONE NO. WHERE  
YOU CAN BE REACHED

\_\_\_\_\_  
ADDRESS WHERE YOU LIVE